

TRUST BOARD

Date of Meeting: 11/09/2012	Agenda Item No: 7.1	Enclosure: 7
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Performance Report		
Aims: To update the Trust Board on the operational, financial, workforce and care quality performance.		
Executive Summary: The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month four of 2012/13.		
<ul style="list-style-type: none"> • Operational performance against key targets remains broadly strong with some pressures within specific specialities on access targets. • The Trust is reporting a surplus of £67k at the end of July against a planned surplus of £183k. The position is supported by £8.65m of strategic support funding. Income has continued to be below plan in month driven by lower than planned levels with generally a lower casemix than forecast. Pay expenditure has continued to increase over recent months driven by enhanced pay for bank holidays together with higher bank and overtime costs. Non-pay expenditure reduced in month with drugs and clinical supplies being lower than in previous months. The Trust delivered £0.4m of efficiency savings in July bringing the total for the year to £2.8m against the annual plan of £16.9m. • The total number of directly employed staff has shown a small increase in wte this month. Overtime payments have increased to £391,000 from £305,000 in May. Turnover remains steady at just over 10% while the sickness absence rate has risen slightly to 4.91% (the underlying trend is 4.7%). All divisions except for Estates and Facilities, have a sickness rate around 5% or below. Appraisal participation rates remain fairly constant and are just below 60% against a target of 80%. The participation in mandatory training remains problematic and improvement in this area is a major part of the HR Transition plan with Northumbria. • Excellent performance on minimisation of infection across the Trust continues, with no incidences of hospital acquired MRSA bacteraemia for 26 months and CDiff remaining below trajectory. <p>Moving through the year the Trusts key risk remains achievement of its financial targets and greater pace and focus will be required to achieve the necessary outcomes as the financial year progresses. Financial achievement will continue to be balanced against delivering necessary access targets, supporting the Trusts workforce and achieving the</p>		

highest quality standards.	
Overview of key areas for consideration or noting:	
As above.	
Specific implications and links to the Trust's Strategic Aims:	
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	
Recommendations:	
The Trust Board is asked to note the content of the report.	
Prepared by:	Presented by:
Corinne Siddall Director of Operations	Corinne Siddall Director of Operations
Alistair Mulvey Director of Finance	
Damian Gallagher Director of Human Resources	
Chris Platton Acting Director of Nursing	

**TRUST BOARD
PERFORMANCE REPORT
Month Four (July)
Performance reported in
September 2012**

INTRODUCTION

This report provides the Trust Board with a summary of the organisations performance against a range of key performance indicators as at 1 July 2012.

The report sections are as follows: -

- SECTION 1: OPERATING PERFORMANCE**
- SECTION 2: QUALITY REPORT**
- SECTION 3: WORKFORCE REPORT**
- SECTION 4: FINANCE REPORT**
- SECTION 5: CONCLUSION & RECOMMENDATION**
- APPENDIX 1: PERFORMANCE DASHBOARD**
- APPENDIX 2: QUALITY DASHBOARD**

SECTION 1

OPERATING PERFORMANCE

1. **OPERATING PERFORMANCE**

The full Performance Dashboard is located at Appendix 1. The Performance Dashboard structure has eleven distinct sections and these are identified below:

1. Quality: headline measures
2. Resources: headline measures
3. Quality: supporting measures
4. Resources: supporting measures
5. Local monitoring
6. Local productivity metrics
7. Local workforce metrics
8. Local quality metrics
9. Estates metrics
10. Facilities metrics
11. Referral to Treatment analysis by speciality

Quality issues are addressed in Section 2, HR issues are addressed within Section 3 of this document with Section 4 considering financial performance measures.

In addition to national requirements local targets have also been maintained, particularly around productivity metrics.

1. QUALITY: HEADLINE MEASURES

1.1 MRSA Bacteraemia

Nil to report

1.2 Clostridium Difficile Infections

Refer to Section 2 – Quality Report

1.3 Patient Experience Survey

Nil to report

1.4 Mixed Sex Accommodation Breaches

The seven mixed sex breaches in July relate to patients not being transferred within a four hour period from Intensive care to a general ward. Since this time the Trust has met with the SHA and a plan has been agreed to increase the level of monitoring of these patients and new protocols have been implemented. This has resulted in only one breach reported in the month of August.

Refer to Section 2 Quality Report

1.5 A&E Clinical Indicators

• **Unplanned re-attendance rate**

The national target is 5%. This indicator measures all unplanned re-attendances within a 7 day period including those who re-attend for an unrelated condition to the original.

CIC

Target – 5%

Achieved – 5.9% (9 patients had multiple re-attendances)

7 attributable to mental health and social problems or alcohol and substance misuse

1 attributable to on-going cellulitis

1 patient returned with an infected hand, however did not wait to see a doctor on 2 of these occasions

WCH

Target – 5%

Achieved – 6% (3 patients had multiple re-attendances)

2 attributable to mental health and social problems or alcohol and substance misuse

1 attributable to the patient experiencing side effects from 2 prescriptions given by GP and CHoC

Both secondary and primary care clinicians continue working closely to address these issues to ensure that specific patients who frequently attend A&E within 7 days are directed to, and supported by, appropriate community and social care services.

• **Total time in the A&E Department**

Admitted

The patient flow issues are being addressed through the Emergency Flow Project, specifically around the introduction of the acute physician role on the Emergency

Assessment Unit from 1 August 2012 and the redesign of the Emergency Assessment and Short Stay Unit.

During August, this has significantly reduced the number of GP referrals for admission being delayed in A&E.

Non-Admitted

WCH

95th percentile and median both achieved

Longest wait – 7 hours 38 minutes

- Due to Transport
- Escalation implemented
- Tripartite monthly meeting has now been established between NCUHT, NWAS and the Commissioners to address transport issues

CIC

95th percentile and median both achieved

Longest wait – 10 hours 59 minutes with factors including:

- Clinical need of patient upon attendance entailed they required a bed
- Significant pressure on bed availability
- Improvement in clinical condition of patient, and upon review was discharged home

- **Left without being seen**

Performance indicator achieved at both sites.

- **Time to initial assessment**

The Emergency Flow project for the Emergency Department has a significant focus on the streaming of patients through the department using a Rapid Assessment Model. This model allows the department to initially assess and treat a greater number of patients in the system simultaneously, minimising the amount of time the patient has to wait for an initial assessment. This model will have an initial pilot in September.

- **Time to treatment**

The median wait performance indicator at both sites has been achieved, the 95th percentile target at WCH has been achieved but this has not been achieved at CIC.

All the A&E clinical quality indicators are monitored by the directorate team weekly.

Key issues are being addressed by the emergency flow project and implementation on the integrated emergency floor are as follows:-

- New ways of working in A&E
- Increased rigour around escalation and bed management processes
- Presence of consultants at an early stage in patient pathway. New medical model implemented in August 2012.
- Reduction in GP referred patients in A&E
- Resolving transport issues
- Reducing emergency admissions
- Resolving DTOC issues

1.6 Cancer: 2 week waits

Achieved

1.7 Cancer: 62 days waits

There were a total of eighteen patients who breached the 62 day target in July, of which four were shared breaches with Newcastle, giving a net breach count against NCUH of sixteen. Breach reasons were:

- Lack of capacity/delays in treatment (7)
- Clinical complexity (10)
- Patient choice to defer treatment date (1)

In June targeted pieces of work to review tumour-specific patient pathways were implemented. The impact of this has increased the number of reported breaches in July due to addressing the backlog of patients who exceeded 62 days wait without a confirmed diagnosis/treatment plan. This ongoing work will also impact on August performance figures. As a result of redesigning the pathway there will be an in-depth review of patient notes to establish constraints and delays, and mitigating actions will be agreed and implemented.

1.8 Emergency Re-admissions (within 30 days)

Nil to report

2. RESOURCES: HEADLINE MEASURES

2.1 Acute G&A Bed Capacity – Average No of Available Daycase Beds

Nil to report

2.2 Acute G&A Bed Capacity – Average No of Available Inpatient Beds

Nil to report

2.3 Acute G&A Bed Capacity – Total Available Beds

Nil to report

2.4 Non Elective G&A FFCE's

Nil to report

2.5 Referral to Treatment: Number of incomplete Pathways

Nil to report

3. QUALITY: SUPPORTING MEASURES

3.1 VTE Risk Assessment

Nil to report

3.2 A&E Clinical Quality: Ambulatory Care

Nil to report

3.3 A&E Clinical Quality: Consultant Sign Off

Nil to report

3.4 Cancer: 31 Day Waits

- Radiotherapy subsequent treatment 92.1% against at target of 94%.

There were a total of five breaches out of sixty three patients treated.

Three of these were patient choice to delay the start of treatment and two were for clinical reasons.

3.5 Strokes: Patients with 90% of their admission on a Stroke ward

Weekly monitoring of performance indicators are in place on both sites, through weekly meetings. At CIC they are now holding a daily MDT data collection meeting to ensure that all evidence is collated. In addition to this there are now ring fenced beds purely for stroke patients on both sites to ensure that beds are available for patients coming in through the A&E Department. A case note review of patients who did not have any stay on an acute stroke unit is being undertaken.

A new performance pack is being developed to highlight the key areas of the performance metrics, these will be by site and as a whole, and this will be available for the next Divisional performance meeting.

3.6 Strokes: TIA Referrals Assessed & treated within 24 hours

Nil to report.

3.7 Staff Engagement

Nil to report

3.8 Patient Reported Outcome Scores (PROMS)

Nil to report

3.9 Low Value Procedures

Nil to report

3.10 Referral to Treatment: Admitted Patients Median Wait

Nil to report

3.11 Referral to Treatment: Non-Admitted Patients Median Wait

Nil to report

3.12 Referral to Treatment: Incomplete Pathway Median Wait

Nil to report

4. RESOURCES: SUPPORTING MEASURES

4.1 Length of Stay for Acute G&A Spells

Nil to report

4.2 Day Case Rate (G&A)

Nil to report

4.3 Delayed Transfers of care

We are continuing to meet with the wider health economy about a whole system approach to Delayed Transfer of Care (DTC). A health economy workshop in mid-July was held, the plan from this workshop aims to develop a new integrated approach to reducing delayed transfer of care. Discussions have been ongoing with the NHS North of England about the precise definitions of DETOC. They have suggested that we define patients who are identified suitable for transferring to community hospitals as not a delay under the definitions. This will significantly reduce the number of delays reported in future. This is being confirmed in writing. Overall there is still a slight downward trend in the number of delays.

4.4 GP Written Referrals to Hospital (G&A)

Nil to report

4.5 Other Referrals for a First OP Appointment (G&A)

Nil to report

4.6 First OP Attendances Following GP Referral (G&A)

Nil to report

4.7 All First OP Attendances (G&A)

Nil to report

4.8 Elective FFCE's (G&A)

Nil to report

4.9 A&E Attendances

Nil to report

4.10 Staff Absences (Sickness absence rate)

The sickness absence rate for the Trust remains 4.9% against the regional QIPP target of 3.5% although the financial year to date total (4.7%) is broadly similar to last year's overall performance. Only 5 acute trusts in the North West region are currently meeting this ambitious target. Overall sickness rates have reduced for each of the last 3 consecutive years.

4.11 Temporary Staffing Costs (including agency costs)

Overtime rates were disappointingly high for July at 6.9% against the target of 2%. Anecdotal evidence suggests that many part-time staff are unwilling to do overtime during school holiday periods – this results in a greater number of full time staff undertaking that overtime at premium rates. Agency locum expenditure remains a priority for reducing costs in the clinical divisions and there are plans agreed with PMO to achieve this.

5. LOCAL MONITORING

5.1 Data Quality on Ethnic Groups: Completeness of Trust IP Coding

Nil to report

5.2 Thrombolysis: 60minutes call to needle time

Nil to report

5.3 Referral to Treatment

Nil to report

5.4 Cancelled Operations

Nil to report

5.5 Infant Health: Breastfeeding Initiation

Nil to report

5.6 Infant Health: Smoking at Delivery

Nil to report

5.7 No of patients waiting longer than 6 weeks for diagnostic tests

Two patients who were booked for a flexible sigmoidoscopy had to be cancelled on the day due to endoscopy reprocessing equipment failure. They were then rebooked past the 6 week diagnostic window due to an administrative error.

5.8 Choose and Book slot availability

Nil to report

6. LOCAL PRODUCTIVITY METRICS

6.1 Reduce inpatient length of stay (elective)

Nil to report

6.2 Reduce inpatient length of stay (non-elective)

Nil to report

6.3 Day Case rate for basket of 25 procedures

Nil to report

6.4 Pre-operative bed days (non-elective)

Nil to report

6.5 Outpatient New to Review Ratio

Nil to report

6.6 Outpatient Did Not Attend (DNA) rate

Nil to report

7. LOCAL WORKFORCE METRICS

See Section 3 Workforce Report

7.1 Sickness/Absence Cost (£000)

See 4.10.

7.2 Turnover Rate (%)

The turnover rate for the year to date remains green with July showing red (2.56%) as this is a traditionally high month for staff to leave or change jobs.

7.3 KSF Development reviews (Rolling Total)

Nil to report

8. LOCAL QUALITY METRICS

See Appendix 2 Quality Dashboard

8.1 Risk Adjusted Mortality (CHKS data – Rolling Total)

Nil to report

8.2 Slips, Trips & Falls (inpatients)

Nil to report

8.3 MSSA (Attributed to Trust)

Nil to report

9. ESTATE METRICS

9.1 Planned Preventative Maintenance (PPM)

PPM performance at the end of month 4 remains consistently high against the KPI target.

9.2 Maintenance Request Response Times

Reactive maintenance performance has been excellent demonstrating near perfect achievement against the KPI target.

10. FACILITIES METRICS

10.1 Catering: Waste Scores

In patient catering waste targets were fully met for the first 3 months of the current year. In month 4 the KPI target for WCH was not met which is being closely monitored.

10.2 Domestic: Cleaning Audit (Quarterly Report)

The cleaning audit scores for the first quarter met the KPI target.

10.3 Portering: Request Response

Reactive requests for portering services at both sites have continued to exceed the KPI target set.

11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY

The Dashboard contains the details of the month four position. Section 11 shows the speciality performance levels as follows:

- a) Admitted and non-admitted - percentage treated within 18 weeks
- b) Admitted patient care 95th percentile
- c) Non admitted patient care 95th percentile
- d) Admitted patient care median wait
- e) Non admitted patient care median wait
- f) Incomplete pathways 95th percentile
- g) Incomplete pathways median wait
- h) Incomplete pathways – number of incomplete pathways (this is shown for trending analysis purposes)

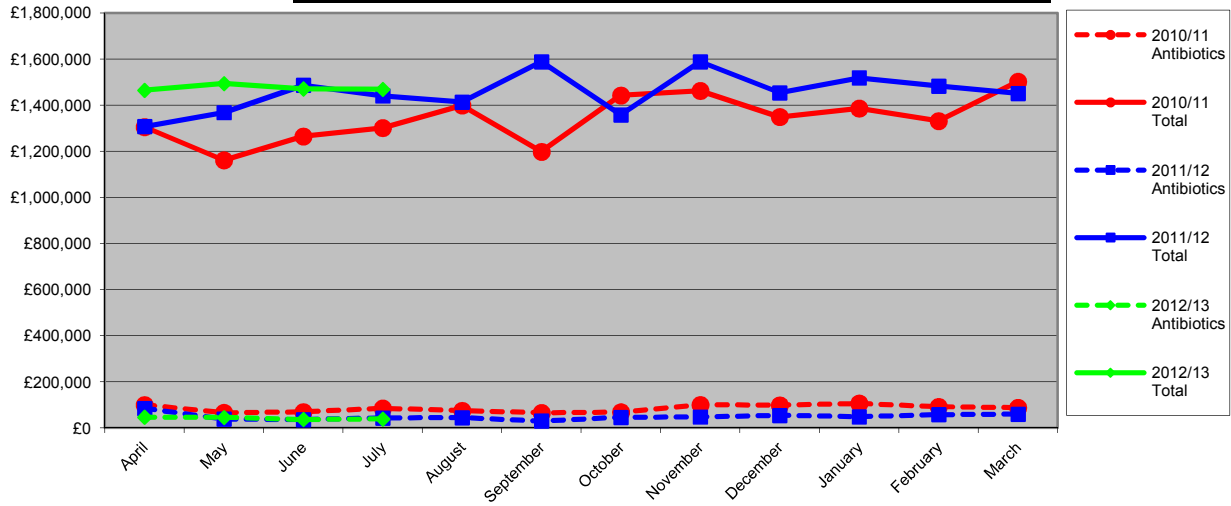
12. PHARMACY METRICS

The charts below highlight expenditure for three key areas comparing expenditure against total drug spend and also comparing the current year and the previous two years.

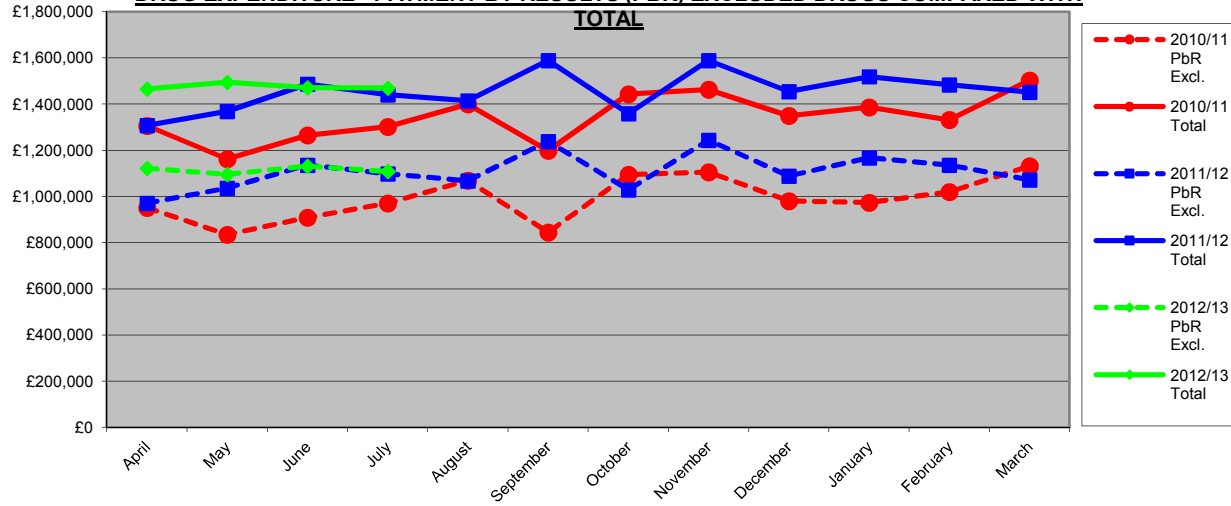
Expenditure up to the end of month 4 of 2012/13 on antibiotic drugs accounts for 2.9% of total expenditure comparable to the same period in 2011/12 which was 3%.

The expenditure for PbR excluded drugs is 75% of the total drugs spend, and PbR included drugs account for 25%, which is the same as the corresponding period in 2011/12.

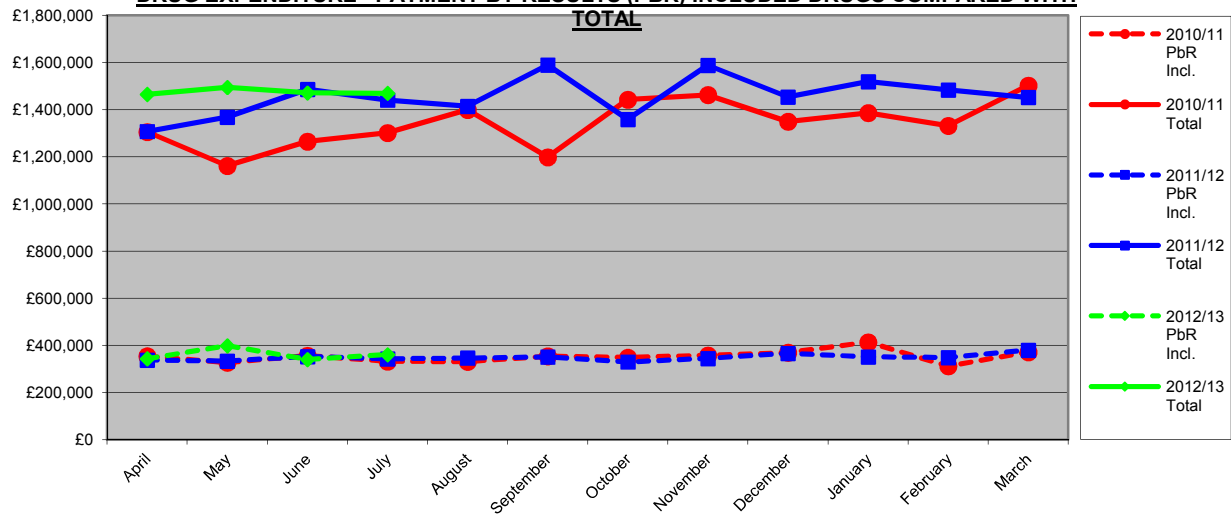
EXPENDITURE ON ANTIBIOTICS COMPARED WITH TOTAL EXPENDITURE



DRUG EXPENDITURE - PAYMENT BY RESULTS (PBR) EXCLUDED DRUGS COMPARED WITH TOTAL



DRUG EXPENDITURE - PAYMENT BY RESULTS (PBR) INCLUDED DRUGS COMPARED WITH TOTAL



SECTION 2

QUALITY REPORT

1. QUALITY DASHBOARD

The Director of Operations and Director of Nursing are currently reviewing with Northumbria the Trusts quality dashboard. Work is underway with both Trust's information departments to ensure that the quality dashboards are aligned and that we have a robust dashboard for which future reporting can be monitored.

1.1 CQUIN

The Trusts performance on the Commissioning for Quality Improvement (CQUIN) measures are reviewed and monitored by NHS Cumbria Commissioners. CQUIN measures are based on three separate categories; the Department of Health (DOH) National Measures, the Strategic Health Authority Regional Measures and locally agreed measures set by NHS commissioners. All clinical and management leads have no exceptions to report for quarter 1.

2. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

2.1 Unjustified Mixed Sex Accommodation Breaches

The Trust invited Helen Crombie, Assistant Director of Performance Improvement HCAI and MSA from NHS North West, to review the unjustified mixed sex accommodation breaches in the Trusts Intensive Care Units. The purpose of the visit was to review the Trusts same sex accommodation, monitoring process, and for her offer support or suggestions that might assist in reducing the current breaches within ITU.

Following her visit to the Cumberland Infirmary, she reported that the Trust has a clear ethos of Patient Best Interest for no breaching in ward areas and was assured of the Trusts current process. The Intensive Care Units demonstrated their recording and reporting process and it was apparent that the breaches were an inability to move patients from Intensive Care to a ward within the designated target time frame of 4 hrs due to availability of beds in core wards.

The following recommendations were made:

- Introduce an alert system requesting a bed for patients identified as ready for transfer to a ward, 24 hours prior to the planned transfer.
- If a breach occurs participate in weekly conference calls with NHS Cumbria to discuss each breach, confirm status of breach and ascertain cause.

The staff appreciated the support given and found the visit to be very beneficial and we have arranged for a further visit in October 2012 to the West Cumberland Hospital site.

2.2 C Difficile

During July 2012 we had an increased incidence of Clostridium Difficile associated diarrhoea at the Cumberland Infirmary. Through surveillance and reviewing previous cases a link was identified to wards on the Elm floor (Elm A and Elm C). In July 2012

there were 2 cases on Elm C and 1 case on Elm A. The cases were all reviewed by the consultant microbiologist and infection prevention team. The Infection prevention team, Head of Nursing for Medicine and staff have worked together to review practice, cleaning schedules and the ward environment. As part of the increased surveillance and monitoring in this clinical area regular meetings were held and an action plan was developed. The action plan is being monitored through the outbreak meetings which are chaired by the DIPC (Director for Infection Prevention and control) or Consultant Microbiologist. A report on the action plan and any exceptions will be presented to the Trusts Infection Prevention Committee and an update will be provided to the Trust Governance and Quality Committee through the monthly infection prevention report.

Elm C and Elm A have been deep cleaned by the hygiene team and a closed ward bay in another clinical area was used to facilitate the deep clean to ensure there were no delays to the plan.

The infection prevention team and senior nursing staff have increased; spot checks, hygiene audits, spray and glow tests and completed an environment review to ensure areas are not cluttered. All staff have been proactive in this process and support to the ward areas has been provided by the infection prevention and control team, senior members of staff, medical staff and Allied Health Professionals.

2.3 Advancing Quality

As requested from the Board invalidated data has been included in the July quality dashboard (appendix 2) for May 2012. The advancing quality team which is now led by the matron for quality standards have been reviewing current practices and work load with the aim to move towards real time data collection. The Trust has supported this and extra band two hours have been allocated to the team to support the audit process.

Smoking cessation results are below expected targets and although the patient numbers are low this is a measure that is consistently under reporting. The clinical teams have been requested to review current processes and the Trust is in discussion with NHS Cumbria regarding smoking cessation advisors working with Trust clinical staff.

3. CQC INSPECTION REPORTS

On 15 August 2012 the Trust received two reports from the Care Quality Commission (CQC) following the two unannounced inspections as part of the CQC's routine schedule of planned reviews across the NHS. The inspections focused on surgical services at the West Cumberland Hospital on 9 July 2012 and the A&E department at the Cumberland Infirmary in Carlisle on 12 June 2012. The inspection includes observing how patients are being cared for, looking at patient records and the documentation of their care and treatment, talking to staff, patients and carers on their experience of the Trust and services provided.

3.1 West Cumberland Hospital

At West Cumberland Hospital, the unannounced inspection focused on six CQC essential standards and provision of care within the surgical division. The CQC reported that the West Cumberland Hospital was meeting all of the six essential standards of quality and safety inspected and was fully compliant.

3.2 CQC Outcomes Inspected

CQC outcome	Description	Findings
4	Care and welfare of people who use services	√
6	Cooperating with other providers	√
8	Cleanliness and infection control	√
13	Staffing	√
14	Supporting Staff	√
16	Assessing and monitoring the quality of service provision	√

In the report, comments from the CQC included:

- “We had very positive responses from people on the wards and they confirmed they were fully informed of their ongoing treatment plans”
- “We saw that although staff were busy they were constantly monitoring people who were unwell or generally frail”
- “Several people said the staff worked well as a team and our observations confirmed that”

3.3 Cumberland Infirmary

At the Cumberland Infirmary, the unannounced inspection focused on eight CQC essential standards and provision of care within the accident and emergency department. The inspectors reviewed the service to assess whether the department was meeting eight essential standards of quality and safety and reported that the department had met four of the standards. The CQC said there were some minor concerns with three standards which could be managed and resolved quickly and one moderate concern. The CQC concluded that the issues identified did not have a significant impact on patients using the service.

3.4 CQC Definitions

- Minor concern : impact not significant and the matter could be managed or resolved quickly'
- Moderate concern: 'risk of significant effect and the matter may need to be resolved quickly'

3.5 CQC Outcomes A&E CIC

CQC outcome	Description	Findings
4	Care and welfare of people who use services	√
7	Safeguarding people who use services from abuse	√
8	Cleanliness and infection control	Minor concerns
9	Management of medicines	√
11	Safety, availability and suitability of equipment	Minor concerns
13	Staffing	√
14	Supporting staff	Moderate concerns
16	Assessing and monitoring the quality of service provision	Minor concerns

In the report, the CQC said:





- “We saw that the staff treated people professionally and in a warm and welcoming manner”
- “We saw that there was a clear process in place to address waiting times and manage shortage of beds”
- “Patients we spoke to on the day of our visit told us they were well cared for and felt that their medicines were well managed”

3.6 Minor concerns

The tables below identify the outcome and an example of some of the actions implemented by the department.

Minor concerns

Cleanliness & infection control

- High level dusting 
- Steam cleaning furniture 
- Scratched shelves 
- Waste storage 

CQC comments:

- Systems in place to reduce risk of infection
- Department clean and tidy



Actions:

- Daily and weekly spot check audits
- Revised nursing cleaning schedule
- Review waste collection process



Minor concerns

Safety, availability and suitability of equipment

- Equipment 
- Broken socket 

CQC comments:

- New system introduced to monitor and track equipment
- Shortages of equipment resolved at bed meeting

Actions:

- Register of loaned equipment has been created and implemented
- Audit of compliance reported to the Governance Committee



Minor concerns

Assessing and monitoring the quality of service provision

- Time taken to implement improvements



CQC comments:

- Clear escalation process up to Board
- Trust demonstrated awareness of issues and actions taken

Actions:

- Reinforce to staff timescales and individual responsibilities



3.7 Moderate Concern

The moderate concern in outcome 14 -supporting staff, related to the number of staff within the department who had completed their mandatory training and their annual appraisals. The Trust has recently implemented a protected learning time policy and improvement plans for appraisals and mandatory training are being put in place. The staff put plans in place to address this and set themselves a target to increase to 100% within 3 months and the appraisal rate for the A&E department has risen from 33.3% to a 100%. The number of staff undertaking mandatory training has also increased significantly within the department and has risen to 43%.

3.8 Assurance Process

There is an action plan in place which will be submitted to the CQC. The actions will be monitored through the monthly Division performance reviews and reported to the Governance committee. The board will receive a monthly update via the Governance report.

SECTION 3

WORKFORCE REPORT

Contents & Target Summary

Section	Subject	Status
1	Summary / Narrative	Not applicable
2	Staff in Post	
3	Overtime	
4	Turnover	
5	Sickness	
6	Employee Relations	Not applicable
7	Occupational Health	Not applicable
8	Appraisal	
9	Mandatory Training	

Key	
Green	Significant Progress
Amber	Progress
Red	Limited / No Progress

1. Summary

Staff in Post	<p>Staff in post for the Trust as a whole is 2940.10 WTE at July 2012. This equates to a reduction of 24.77 WTE when compared to the equivalent month in 2011/12 and an increase of 15.23 WTE compared to June 2012 (2924.87 WTE).</p> <p>The largest two staff groups are Nursing & Midwifery (1040.85 WTE) and Admin & Clerical (636.71 WTE). Currently the Trust has a total of 318.09 WTE Medical and Dental staff and 463.27 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (895.97 WTE) followed by Surgery (800.63 WTE) and Family and Support Services (727.33 WTE).</p>
Overtime	<p>Total overtime has risen in July 2012 to £391,289, from May (£305,775) and June (£317,414). Overtime has increased in all areas except for Corporate Services.</p> <p>The overtime figures show:</p> <ul style="list-style-type: none"> • Overtime worked above the normal weekly contracted hours of 37.5 (Prime) • Overtime worked by part time staff up to the full-time normal weekly contracted hours of 37.5 i.e. 'Additional Basic Pay' (Basic). These figures were not included in last year's reports.
Turnover	<p>Annualised turnover (headcount) for non-medical staff at July 2012 is 10.16%. There were 29 non-medical staff leavers during June (0.80 %) and 31 in July (0.85 %).</p>
Sickness Absence	<p>The Trust sickness absence rate for July 2012 is 4.91% remaining steady since June (4.95%) but rising from 4.58% in May 2012.</p> <p>Following reductions in June for Medicine, Estates & Facilities, and Family & Clinical Support, the rates across all divisions have increased in July.</p> <p>Absence duration continues to be primarily short term (1-7 days). HR Business Partners are actively supporting managers within each Division in implementing the sickness management procedure. To date, 52 cautionary review hearings have taken place with 29 First Written Absence Cautions and 3 Final Written Absence Cautions issued.</p> <p>HR Business Partners are also monitoring absence on a regular basis to assist the achievement of the revised stretch target of 3.5%.</p>

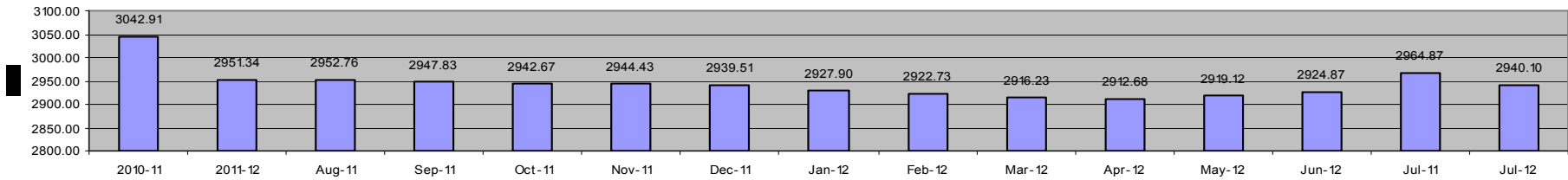
Occupational Health	<p>Figures include flu vaccination appointments. Self referral figures include face to face appointments and telephone contact (the rise in routine appointments and pre-employment screening is due to measles and MRSA (screening staff) and the new doctors changeover).</p>
Appraisal	<p>The annualised percentage of appraisals, including Consultants, completed at Trust level over the last 12 months to July 2012 is 58.98%, a drop of 1.51% since May 2012 (60.49%).</p> <p>This month there are no divisions or corporate areas at or above the Trust target rate of 80%.</p> <p>All Foundation Doctors undertake an Annual Review of Competence Progression (ARCP) in May/June. They complete a learning portfolio to bring together the evidence including educational review, assessment, appraisal and planning. The trainees scheduled to undertake this in 2012 are</p> <p>Foundation 1 trainees = 33 Foundation 2 trainees = 29</p>
Mandatory Training	<p>Mandatory training includes the</p> <ul style="list-style-type: none"> • Core Mandatory Skills Programme • Trust Mandatory Skills Programme <p>These reflect the 10 core subjects delivered by the majority of organisations across the Health sector in the North West as part of their Statutory and Mandatory Training Needs Analysis (The Core Skills Framework for the North West Sector - Version 1). This core framework helps the Trust meet required standards set by NHS Litigation Authority (NHSLA), Care Quality Commission (CQC) and Information Governance.</p> <p>The information shows completion rates for the annual, two yearly, three yearly and four yearly parts of the programme. Information Governance is now reported on a financial rather than rolling year basis – this means any staff who completed Information Governance before 01/04/2012 (even though less than a year ago) are not considered in date.</p> <p>Employees on maternity leave, long term sick or employed for less than 12 months are not included in the figures.</p> <p>Work is continuing to support the completion of mandatory training, particularly in clinical areas.</p>

2. Staff in Post

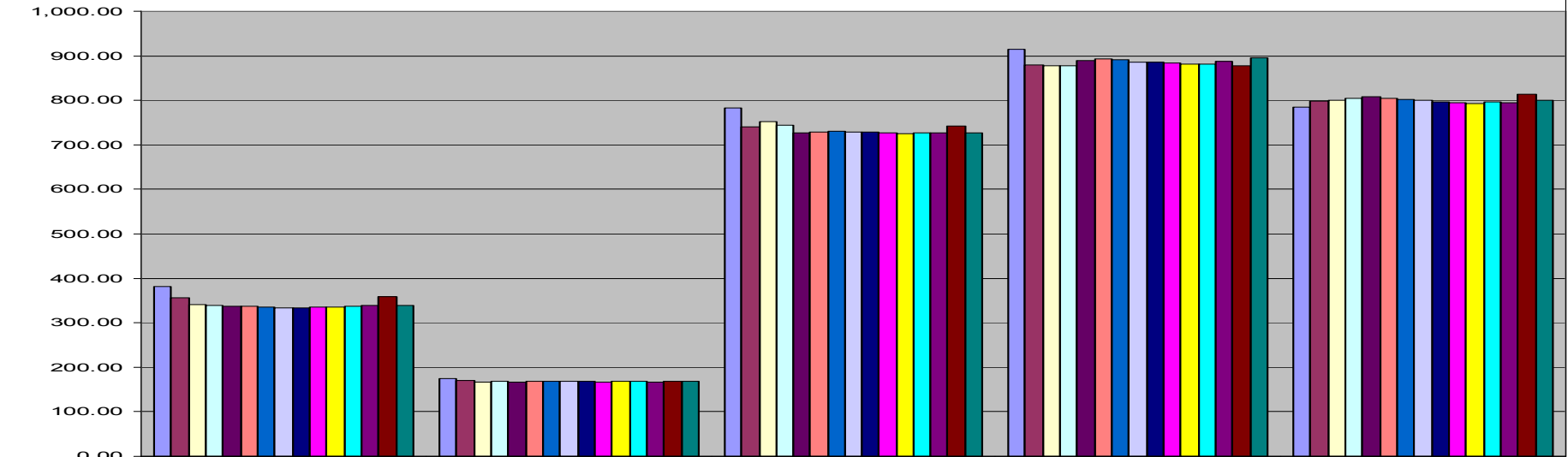
Staff Group	2010-11	2012-12	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan 12	Feb 12	Mar12	Apr 12	May 12	Jun 12	Jul 11	Jul 12
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	102.67	94.15	92.72	93.49	95.46	95.24	95.24	97.10	96.17	95.80	96.28	96.18	94.89	93.61	94.34
Additional Clinical Services	483.35	465.58	470.29	468.55	468.22	467.78	465.60	459.88	460.65	461.20	461.15	461.72	463.43	470.72	463.27
Admin & Clerical	677.64	653.14	645.56	644.60	640.44	641.16	640.64	640.39	640.43	639.04	635.90	636.63	638.53	650.81	636.71
Allied Health Professionals	134.95	130.80	133.86	132.21	131.35	132.15	133.00	130.50	129.68	129.22	130.51	131.41	131.88	132.02	131.98
Estates & Ancillary	194.50	194.89	191.47	193.07	192.45	192.48	191.15	190.80	190.94	190.24	191.40	192.33	193.15	192.44	193.87
Healthcare Scientists	66.62	63.61	64.11	64.11	63.61	63.11	63.61	64.61	62.11	62.61	61.61	58.31	59.39	64.11	60.97
Medical & Dental	300.42	300.15	297.84	296.93	299.23	299.78	301.51	304.23	306.07	305.59	304.39	304.59	303.59	301.08	318.09
Nursing & Midwifery (Registered)	1082.76	1049.03	1056.92	1054.88	1051.91	1052.74	1048.76	1040.39	1036.68	1032.53	1031.45	1037.95	1040.01	1060.08	1040.85
Trust	3042.91	2951.34	2952.76	2947.83	2942.67	2944.43	2939.51	2927.90	2922.73	2916.23	2912.68	2919.12	2924.87	2964.87	2940.10

Staff Group	2010-11	2012-12	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan 12	Feb 12	Mar12	Apr 12	May 12	Jun 12	Jul 11	Jul 12
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	124	112	109	110	113	113	113	115	115	115	117	119	118	110	118
Additional Clinical Services	774	759	776	773	780	776	770	758	759	762	768	785	790	768	788
Admin & Clerical	869	822	819	816	814	814	808	804	802	799	796	797	801	822	800
Allied Health Professionals	195	194	196	195	195	197	198	196	194	192	193	193	190	195	187
Estates & Ancillary	262	274	260	266	273	274	271	273	276	275	275	276	276	265	278
Healthcare Scientists	70	67	67	67	67	66	67	68	65	66	65	63	64	67	65
Medical & Dental	358	375	367	369	373	375	378	382	382	383	384	383	381	369	396
Nursing & Midwifery (Registered)	1445	1417	1426	1419	1419	1427	1425	1418	1415	1402	1,394	1,395	1,395	1,434	1,395
Trust	4097	4020	4020	4015	4034	4042	4030	4014	4008	3994	3992	4011	4015	4030	4027

WTE Staff in Post - Trust



WTE Staff in Post - Divisions (including medical staff)



	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery
2010-11	381.88	174.23	782.44	915.40	784.01
2011-12	356.01	169.85	740.16	880.44	797.58
Aug-11	341.85	167.28	752.08	877.55	801.25
Sep-11	339.33	168.96	743.94	878.41	803.89
Oct-11	337.55	167.18	726.67	889.45	808.51
Nov-11	337.08	168.20	728.62	893.20	804.53
Dec-11	336.05	167.87	730.30	890.69	802.30
Jan-12	333.32	167.72	729.52	884.80	801.23
Feb-12	333.16	168.06	729.15	885.31	796.26
Mar-12	334.80	167.36	726.55	883.23	794.00
Apr-12	336.04	168.31	725.39	881.95	792.18
May-12	337.39	167.84	726.46	882.62	796.52
Jun-12	339.17	166.94	727.30	887.97	794.99
Jul-11	357.91	168.06	741.89	876.99	814.72
Jul-12	339.21	167.67	727.33	895.97	800.43

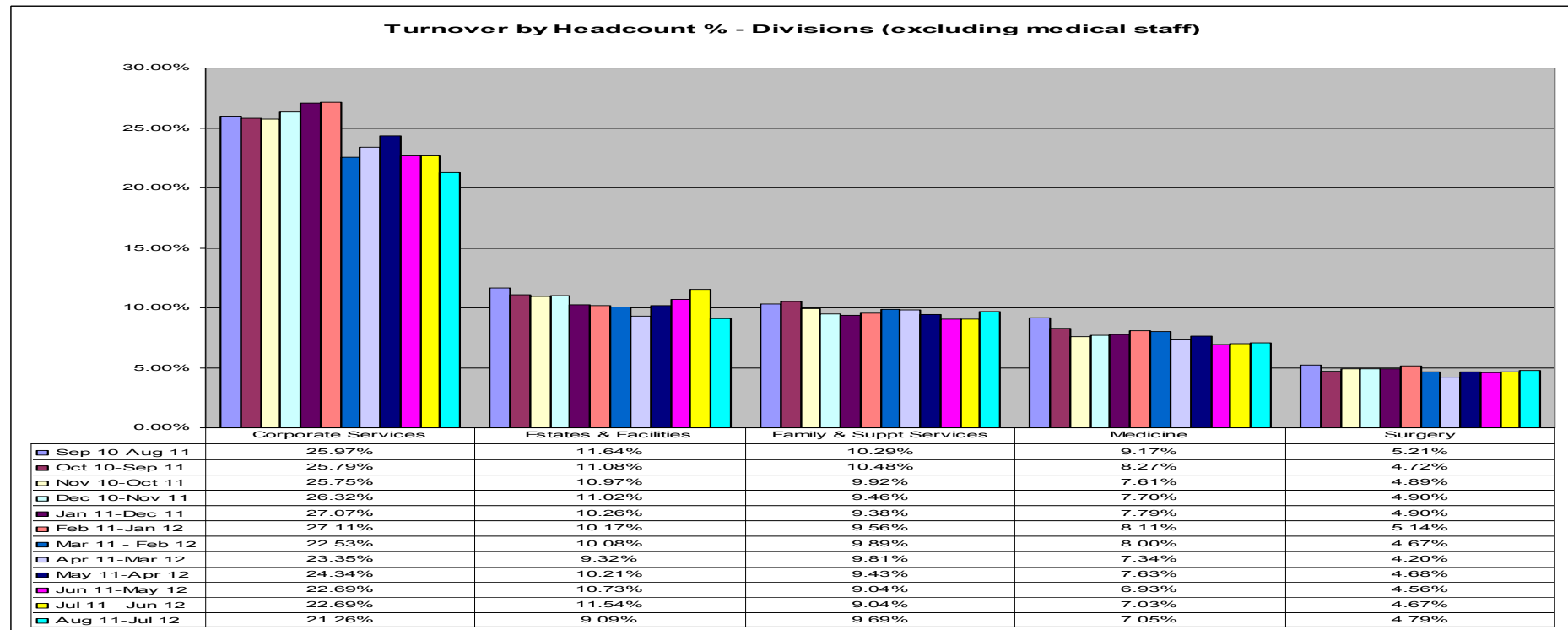
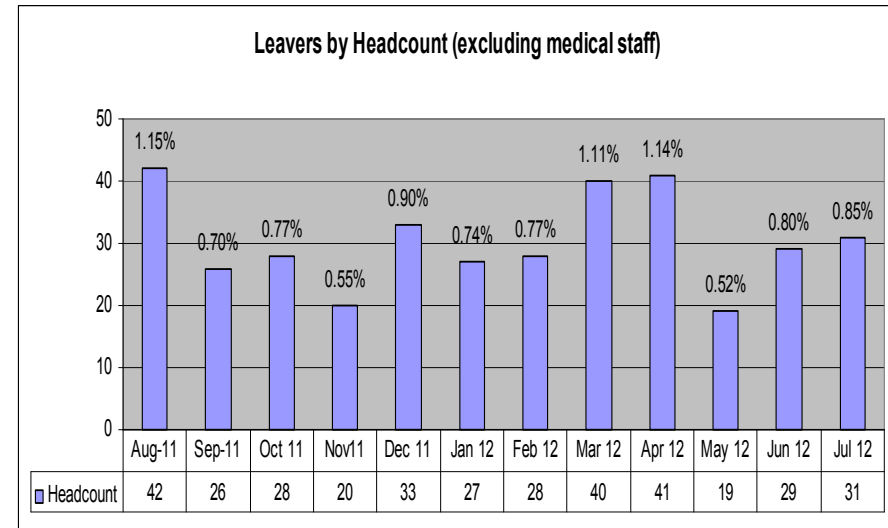
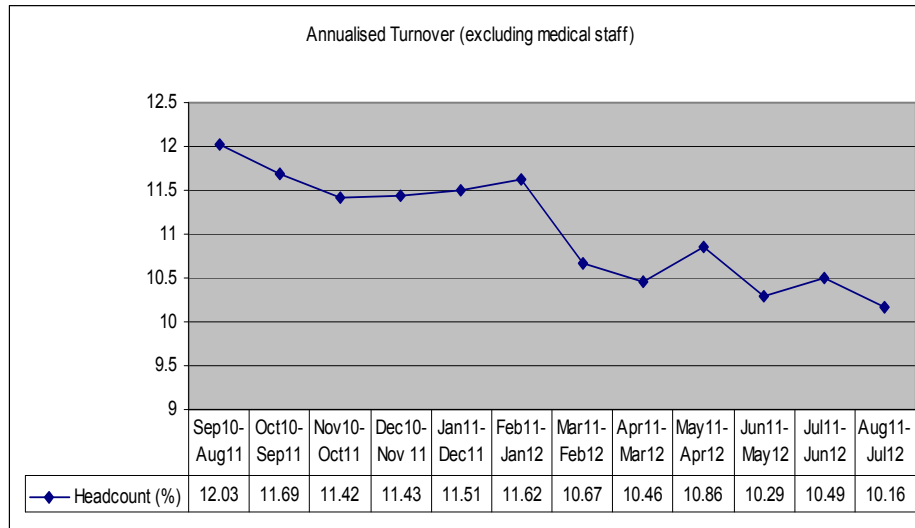
3. Overtime

	Mar 2012			Apr 2012			May 2012			June 2012			July 2012		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	7,770	2,761	10,531	15,435	3,515	18,950	15,684	4,386	20,070	16,157	3,229	19,746	9,992	4,012	14,005
Estates & Facilities	42,725	12,251	54,977	48,454	15,560	64,014	35,544	11,294	46,838	39,698	12,928	52,626	42,501	22,961	65,462
Family & Support Services	73,921	11,827	85,748	97,963	19,848	117,811	68,585	15,417	84,003	72,379	13,135	85,514	84,336	21,050	105,386
Medicine	86,376	14,566	100,942	119,364	26,694	146,059	73,696	13,259	86,955	73,358	17,356	90,709	111,658	15,114	126,772
Surgery	49,860	17,066	66,926	68,233	24,153	92,386	47,136	20,744	67,910	60,703	8,115	68,819	61,439	18,226	79,664
TOTAL	260,653	58,471	319,124	349,450	89,769	439,219	240,645	65,130	305,775	262,650	54,764	317,414	309,926	81,363	391,289

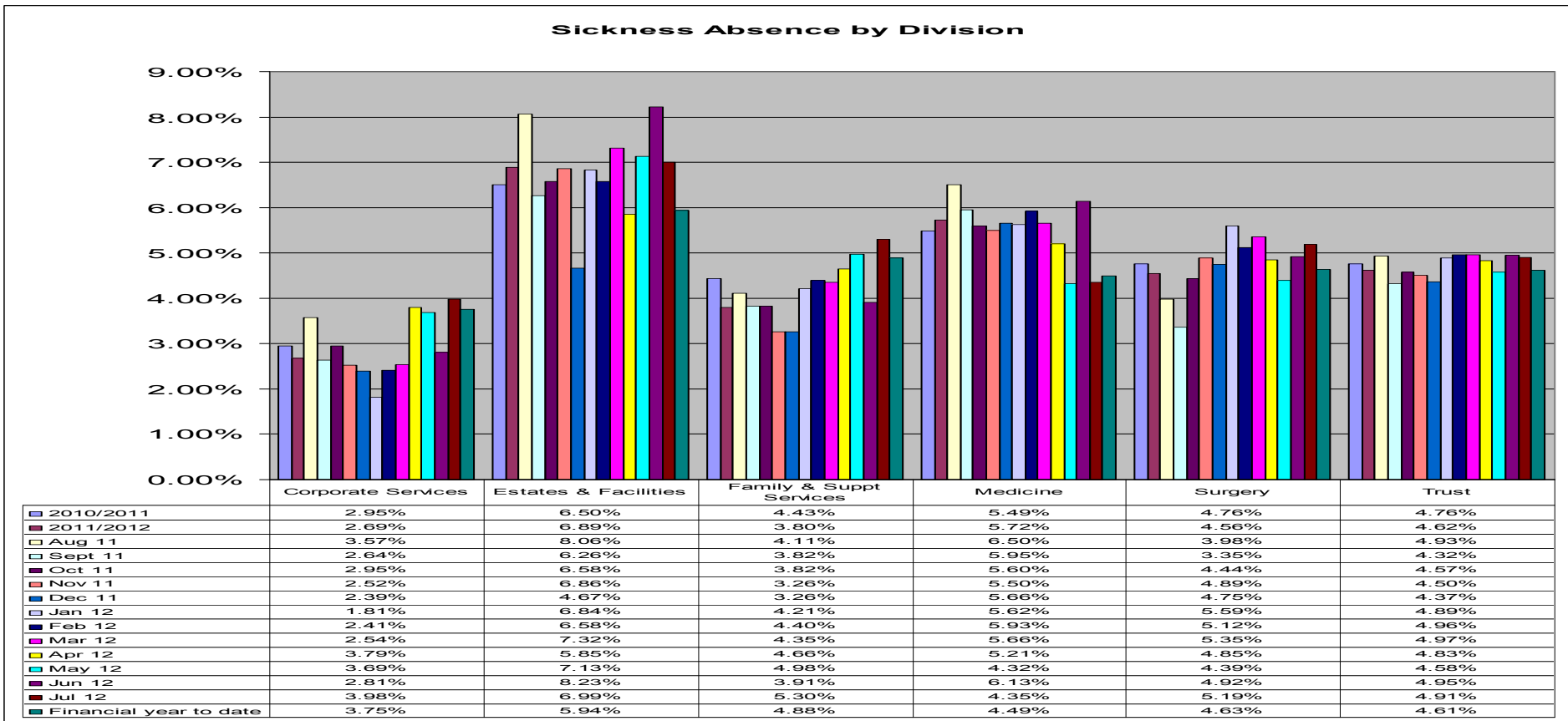
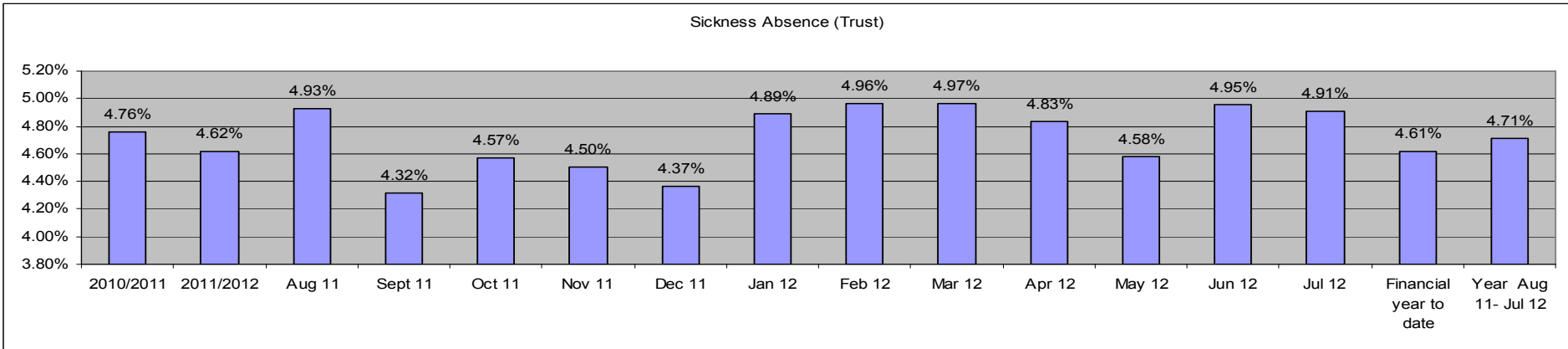
	August 2012			September 2012			October 2012			November 2012			December 2012		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services															
Estates & Facilities															
Family & Support Services															
Medicine															
Surgery															
TOTAL															

	January 2012			February 2013			YTD (from April 2012)			Apr 2011 – Mar 2012			2010/11 Prime
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	
Corporate Services							57,861	15,153	73,014	137,798	32,588	170,386	41,867
Estates & Facilities							166,197	62,743	228,940	422,758	165,599	588,357	175,888
Family & Support Services							325,177	69,450	394,627	906,468	170,623	1,077,091	236,372
Medicine							378,071	72,423	450,495	877,821	97,910	975,731	93,362
Surgery							237,512	71,268	308,779	466,869	113,132	580,000	123,334
TOTAL							1,164,818	291,038	1,455,855	2,811,713	579,852	3,396,565	670,823

4. Turnover

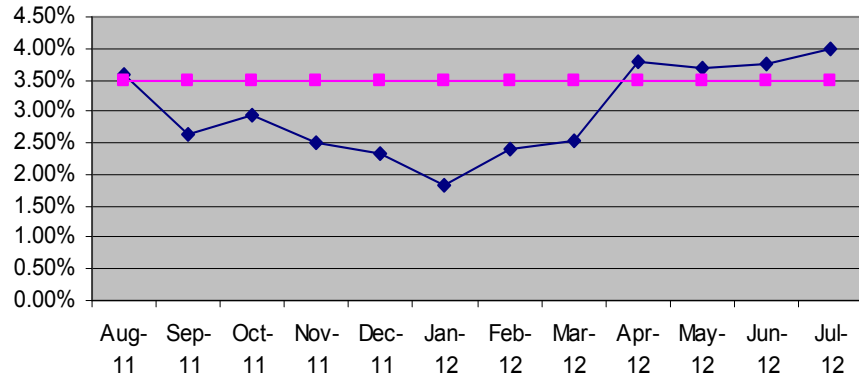


5. Sickness Absence

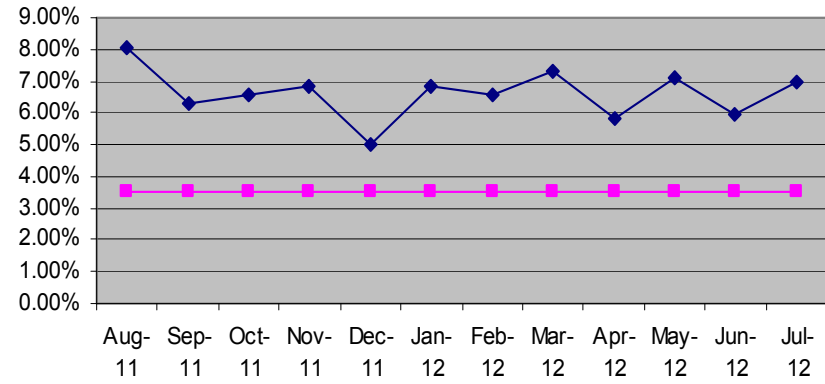


Sickness Target Trackers 2012/13

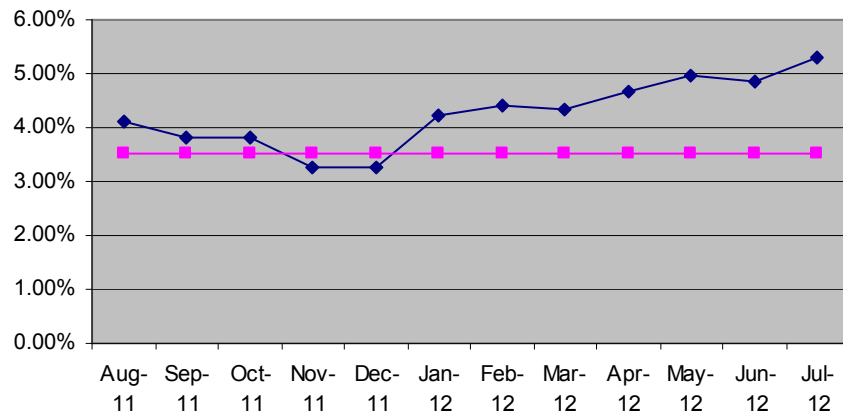
Sickness Absence Corporate Services



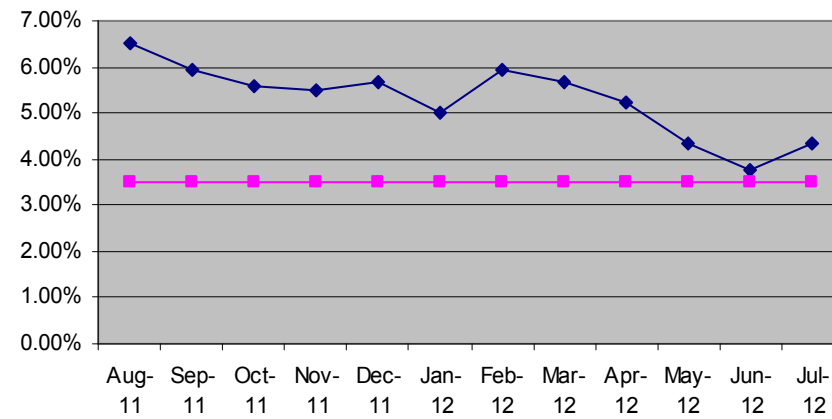
Sickness Absence Estates & Facilities



Sickness Absence Family & Support Services



Sickness Absence Medicine



7. Occupational Health

Cumberland Infirmary	2010/11 (Aug 10 on)	2011/12	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb12	Mar12	Apr 12	May 12	Jun 12	Jul 12
Pre-Employment Acute Staff	250	244	37	20	24	14	13	9	14	21	42	39	21	50
Pre-Employment Non Acute Staff	22	29	3	-	3	2	-	2	1	-	-	-	5	-
Pre-Employment Placements	114	14	-	-	-	-	-	6	2	-	5	1	2	4
Managers Referral (brackets - stress related)	335 (28)	399 (28)	29 (2)	31 (2)	9 (3)	48 (9)	26	40	47	35 (6)	39 (3)	51 (4)	25 (1)	30 (0)
Self Referral (brackets - stress related)	289 (13)	217 (7)	10 (1)	15 (2)	11	22	17	29	26	17 (1)	14 (4)	13 (4)	14 (2)	11 (1)
Nurse Review Appointments	175	95	9	15	8	8	8	6	5	4	4	9	11	3
Other Routine Nursing Appointments	1869	2633	63	144	1067	368	149	167	181	201	175	514	286	314
Doctor's Appointments	169	368	30	25	38	42	24	32	29	50	21	36	25	49
<u>TOTAL</u>	3223	3999	181	250	1160	504	237	291	305	328	300	663	389	462
DNA	368	349	32	37	15	46	27	21	32	25	27	44	31	34

West Cumberland Hospital	2010/11 (Aug 10 on)	2011/12	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan12	Feb12	Mar12	Apr 12	May 12	Jun 12	Jul 12
Pre-Employment Acute Staff	115	172	13	20	9	10	6	23	14	8	24	14	10	10
Pre-Employment Non Acute Staff	5	0	-	-	-	-	-	-	-	-	-	-	-	-
Pre-Employment Placements	149	62	5	11	2	8	-	3	1	1	2	5	5	2
Managers Referral (- stress related)	265 (23)	322 (25)	51 (6)	28 (3)	24	13 (1)	15	44 (4)	25 (2)	29 (3)	37 (1)	37 (1)	35 (1)	36 (2)
Self Referral (brackets - stress related)	425 (50)	596 (94)	46 (6)	58 (3)	30 (4)	32 (5)	52 (5)	52 (7)	61 (3)	60 (8)	39 (4)	34 (6)	34 (3)1	45 (3)2
Nurse Review Appointments	118	174	9	23	14	9	10	15	10	11	8	8	8	10
Other Routine Nursing Appointments	1148	1165	19	30	559	141	27	49	112	124	124	134	78	132
Doctor's Appointments	114	115	16	9	9	13	5	22	14	14	26	11	9	9
<u>TOTAL</u>	2339	2606	159	179	647	226	115	208	237	247	260	243	179	246
DNA	111	193	17	19	12	10	8	21	22	26	7	15	18	15

8. Appraisal

Division		01/01/10 to 30/12/10	01/02/10 to 31/01/11	01/03/10 to 28/02/11	01/04/10 to 31/03/11	01/05/10 to 30/04/11	01/0610 to 31/05/11	01/07/10 to 30/06/11	01/0810 to 31/07/11	01/0910 to 31/08/11
Corporate Services	CX Office	61.11%	82.35%	64.71%	88.89%	100.00%	100.00%	100.00%	94.44%	94.44%
	Chief Op Officer / Business Managers	80.00%	75.00%	62.50%	62.50%	50.00%	37.5%	37.5%	25.00%	75.00%
	Corporate Planning	33.33%	44.44%	44.44%	88.89%	88.89%	88.89%	77.78%	77.78%	87.50%
	Finance	76.15%	75.00%	65.63%	47.62%	42.55%	33.71%	19.32%	27.91%	37.97%
	Governance	88.89%	91.67%	91.67%	76.92%	92.86%	64.29%	64.29%	71.43%	83.33%
	Human Resources	64.85%	66.27%	70.83%	68.24%	68.64%	74.60%	81.25%	80.65%	87.30%
	IM&T	67.27%	74.58%	61.02%	58.33%	68.82%	69.23%	60.71%	54.22%	57.69%
	Nursing Support	58.62%	58.62%	62.07%	64.29%	61.54%	53.85%	51.85%	44.44%	46.15%
	Bank	38.33%	40.45%	45.00%	54.36%	46.53%	33.97%	33.66%	42.79%	44.71%
	Total	57.03%	59.58%	59.22%	60.51%	57.12%	52.40%	48.50%	50.33%	55.23%
Estates & Facilities		62.61%	79.74%	77.78%	94.06%	90.41%	79.36%	82.95%	79.72%	88.83%
Family & Support Services		65.28%	67.03%	67.07%	80.96%	80.62%	79.36%	76.81%	75.60%	72.74%
Surgical		61.61%	68.69%	76.51%	80.95%	78.50%	75.07%	67.59%	59.39%	59.59%
Medical		44.61%	47.36%	53.07%	65.77%	81.49%	83.92%	83.48%	81.38%	76.44%
Trust overall		57.35%	61.68%	64.00%	74.11%	79.38%	74.74%	71.86%	69.27%	68.71%

8. Appraisal continued

Division		01/10/10 to 30/09/11			01/11/10 to 31/10/11			01/12/10 to 30/11/11			01/01/11 to 31/12/11			01/02/11 to 31/01/12			01/03/11 to 29/02/12		
		Staff	Apps	%	Staff	Apps	%	Staff	Apps	%	Staff	Apps	%	Staff	Apps	%	Staff	Apps	%
Corporate	CX Office	17	15	88.24	14	14	100	15	15	100	17	16	94.12	17	15	88.24	14	14	100.00
	Chief Op Officer / BMs	5	4	80.00	5	4	80	5	4	80.00	5	4	80.00	5	4	80.00	5	4	80.00
	Corporate Planning	8	7	87.50	8	7	87.50	7	5	85.71	7	4	57.14	7	1	14.29	7	2	28.57
	Finance	79	40	50.63	81	46	56.79	81	49	60.49	77	64	83.12	75	62	82.67	72	58	80.56
	Governance	12	8	66.67	16	10	62.50	15	13	86.67	15	12	80.00	15	12	80.00	15	11	73.33
	HR	62	55	88.71	62	52	83.87	63	51	80.95	62	49	79.03	62	48	77.42	61	50	81.97
	IM&T	156	87	55.77	155	96	61.94	155	103	66.45	158	118	74.68	157	114	72.61	157	104	66.20
	Nursing Support	27	13	48.15	15	11	73.33	15	12	80.00	15	12	80.00	15	14	93.33	15	13	86.67
	WCH Project Office																3	1	33.33
	Bank	216	100	46.30	143	105	73.43	152	109	71.71	136	101	74.26	145	104	71.72	143	101	70.63
Total	582	329	56.53	499	345	69.14	508	362	71.26	492	380	77.24	498	374	75.10	492	358	72.76	
Estates & Facilities		204	194	95.10	208	194	93.27	212	130	61.32	221	194	87.78	220	193	87.73	219	188	85.84
Family & Support Services		888	564	63.51	895	538	60.11	212	133	62.74	901	495	54.94	901	593	65.82	906	641	70.75
Surgical		912	660	72.37	819	454	55.43	825	426	51.64	825	414	50.18	818	381	46.58	805	357	44.35
Medical		789	459	58.17	932	619	66.42	934	576	61.67	923	583	62.55	950	586	61.68	946	529	55.92
Trust overall		3375	2206	65.36	3353	2150	64.12	3375	1993	59.05	3371	2066	61.29	3387	2127	62.80	3367	2072	61.54

8. Appraisal continued

Division		01/04/11 to 31/03/12			01//05/11 to 30/04/12			01/06/11 to 31/05/12			01/07/11 to 30/06/12			01/08/11 to 31/07/12			01/09/11 to 31/08/12			RAG
		Staff	Apps	%	Staff	Apps	%	Staff	Apps	%	Staff	Apps	%	Staff	Apps	%	Staff	Apps	%	
Corporate	CX Office	14	1	7.14	12	1	8.33	13	1	7.69	12	1	8.33	12	1	8.33				
	Chief Op Officer / BMs	5	4	80.00	5	3	60.00	5	2	40.00	5	1	20.00	5	1	20.00				
	Corporate Planning	3	1	33.33	4	2	50.00	3	1	33.33	2	1	33.33	3	1	33.33				
	Finance	72	66	91.87	72	67	93.06	72	67	93.06	71	51	71.33	71	45	63.38				
	Governance	15	10	66.67	15	12	80.00	15	13	86.67	15	13	86.67	15	11	73.33				
	HR	60	39	65.00	60	33	55.00	59	34	57.63	58	23	39.66	59	36	61.02				
	IM&T	157	115	73.25	158	114	72.15	157	113	71.97	157	107	68.15	158	99	62.66				
	Nursing Support	15	13	86.67	15	13	86.67	16	10	62.50	16	11	68.75	16	11	68.75				
	WCH Project Office	3	1	33.33	2	0	0.00	2	0	0.00	2	0	0.00	2	0	0.00				
	Bank	149	93	62.42	157	98	71.43	158	98	62.03	170	96	56.47	199	102	51.26				
Total	493	343	69.57	500	343	68.60	500	339	67.80	508	304	59.84	540	307	56.85					
Estates & Facilities		219	198	90.41	218	194	88.99	218	194	88.99	218	164	75.23	219	165	75.34				
Family & Support Services		907	633	69.79	885	628	70.96	885	628	70.96	887	655	73.84	889	649	73.00				
Surgical		795	358	45.03	800	402	50.25	935	450	48.77	802	409	51.00	809	420	51.92				
Medical		950	443	46.63	937	456	48.67	800	402	50.25	935	451	48.24	951	469	49.32				
Trust overall		3364	1975	58.71	3340	2023	60.57	3338	2019	60.49	3349	1893	59.21	3408	2010	58.98				

RAG Coding		< 50%		<80%		> 80%
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9. Mandatory Training

Course	Date/Frequency	Trust%	Corporate %	Estates %	Family/Clinical %	Medical %	Surgical %
Advanced Life Support (ALS)	01/08/08 - 31/7/12 4 yearly	11.11	0.00	N/A	0.00	0.00	100.00
Newborn Life Support (NLS)		0.00	N/A	N/A	0.00	N/A	N/A
Core Mandatory Skills <i>note 1</i>	01/08/09 - 31/7/12 3 yearly	56.81	54.24	75.12	58.32	49.38	62.05
Trust Mandatory Skills <i>note 2*</i>		18.97	16.12	35.48	28.96	10.83	16.50
Blood Transfusion 01		33.00	29.64	0.00	24.66	32.24	40.97
Blood Transfusion 02		24.74	26.26	N/A	17.39	26.76	26.56
Blood Transfusion 03		36.36	N/A	N/A	40.00	N/A	0.00
Blood Transfusion 04		22.86	30.00	N/A	22.11	N/A	N/A
Conflict Resolution L2		7.14	4.75	N/A	11.65	4.19	8.26
Conflict Resolution L3		60.87	25.00	87.10	0.00	N/A	0.00
Consent		36.29	34.63	N/A	33.16	34.76	41.57
Deprivation of Liberty Safeguards (DoLS) 1		29.26	28.73	N/A	27.41	29.49	30.91
DoLS2 Deprivation of Liberty Safeguards (DoLS) 2		0.00	N/A	N/A	N/A	0.00	N/A
Equality & Diversity		49.69	45.35	81.57	56.61	41.13	49.95
Manual Handling		29.46	25.52	13.36	32.08	30.49	33.44
Mental Capacity		32.64	32.32	N/A	34.81	31.72	32.31
Safeguarding Children Level 2		23.25	12.50	N/A	31.85	21.43	21.58
Safeguarding Children Level 3		63.07	44.44	N/A	64.16	66.32	N/A
Safeguarding Children Level 4		0.00	NA	N/A	0.00	N/A	N/A
Medicines Mgt for Health Professionals		2.89	3.40	N/A	2.84	3.63	1.95
Medicines Management for HCAs		5.48	2.74	N/A	8.70	6.37	6.11
Medicines Management for Porters		10.64	25.00	12.90	0.00	0.00	0.00
VTE	1.68	2.25	N/A	0.00	1.18	2.09	
Fire Safety	01/08/10 - 31/07/12 2 yearly	51.09	45.25	57.14	58.63	45.54	54.02
Information Governance	01/04/12 - 31/03/13 Financial year	21.95	16.94	49.77	27.45	18.50	18.59
Infection Control Level	01/08/11 - 31/07/12 annually	8.89	8.35	10.26	10.71	9.94	6.33
Immediate Life Support (LS)		22.61	22.77	NA	30.77	24.58	20.43
Paediatric Immediate Life Support (PILS)		14.49	20.00	N/A	13.56	N/A	N/A
Practical Obstetric Multi Professional Training (PROMPT)		45.33	40.74	N/A	45.96	N/A	N/A

RAG Coding	 < 50%	 <80%	 > 80%
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SECTION 4

FINANCE REPORT

Finance Report

The Trust is reporting a surplus of £67k at the end of July against a planned surplus of £183k. The position is supported by £8.65m of strategic support funding.

Total income in July was £19.1m against a target of £19.4m (June: £19.0m against a target of £19.2m). Clinical income was £17.6m against a target of £17.9m. Elective activity is behind plan in total despite daycase activity being ahead of plan. Non-elective activity remains behind the plan and casemix has now fallen behind plan also. These are the main drivers of the underperformance although activity is also lower than planned on PbR excluded drugs and in the Special Care Baby Unit (SCBU). All other income streams are currently in line with plan.

Pay expenditure was £11.7m for the month. Payments for the June bank holidays were made in July which resulted in increased enhanced pay costs, and higher agency, bank and overtime costs. The number of WTEs worked increased from 3,046 WTE in June to 3,080 WTE in July. Agency costs were £0.8m in July and total £2.9m year to date compared with £1.9m for the same four months of 2011/12, the increase relates predominately to an increase in middle tier medical staffing in A&E at WCH. The Medical Division's expenditure remains at £0.5m per month as it continues to fill medical vacancies and the associated on-call cover in a number of specialties with agency staff.

Expenditure on non-pay in July was £6.1m (June: £6.2m). Although non-pay costs are marginally higher than in the previous year, they are not showing the same upward trend as pay costs and this also includes the additional cost of PCI consumables since the service started in December 2011. Expenditure on drugs & blood products was higher than planned in the first quarter of 2012/13, however, expenditure in July was in line with plans. Premises costs were higher than planned in July but overall there are no significant non-pay pressures.

The Trust delivered £0.4m of efficiency savings in July bringing the total for the year to £2.8m against the annual plan of £16.9m. The year to date impact is £0.9m against a target of £3.5m. The Trust must continue to ensure that all divisions, supported by the Project Management Office (PMO), focus on implementing approved saving schemes and on generating and developing ideas for new schemes in order to increase the level of savings currently being made and reduce overall costs as quickly as possible whilst maintaining safe and high quality services.

Although the Trust's liquidity position has improved compared to last year it remains fragile and reliant on the achievement of cash releasing savings to reduce the level of expenditure. The Trust continues to closely monitor cash flow to ensure core obligations are met, the Better Payment Practice Code is however not being met.

Conclusion

The Trust continues to report a small surplus due to the support of external funding provided by the Strategic Health Authority. Currently pay costs are increasing and non-pay costs are remaining flat against a declining level of income. Elective activity in some specialties is below plan and corrective action needs to be taken to ensure that this activity increases in line with the plan maintaining waiting list times. The main financial risk continues to be the pace of the delivery of cash releasing CIPs which must be delivered in order to improve the liquidity position of the Trust and the underlying financial performance.

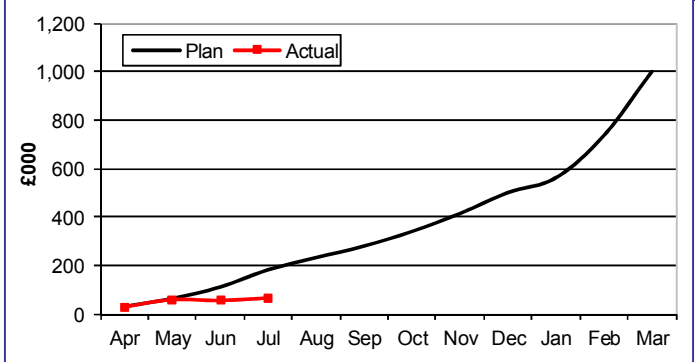
Alistair Mulvey
DIRECTOR OF FINANCE

FINANCIAL OVERVIEW - 31st July 2012 (Month 4)

Income & Expenditure

At the end of July the Trust is reporting a surplus of £67k after technical adjustments against a planned surplus of £183k. Pay costs were £11.7m in July and included payments made for hours worked during the June bank holidays and £0.8m of agency costs. Non pay was £6.1m. Income was £19.1m in July and included £1.7m of the £26.3m strategic support funding agreed with the Strategic Health Authority.

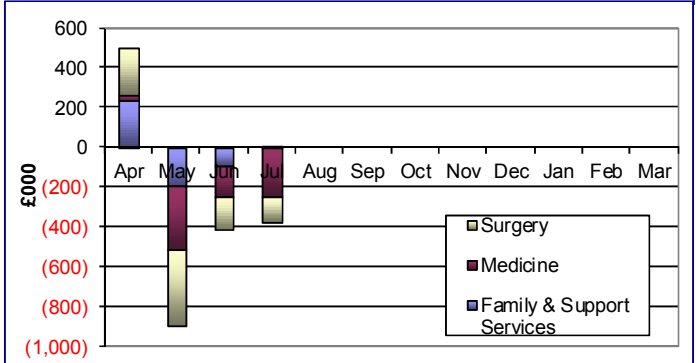
I&E Performance 2012/13



Divisional Performance

At the end of July the clinical divisions reported positions as follows: Family & Support Services £52k overspent, Medicine £689k overspent and Surgery £438k overspent. The main reason for the overspends is that divisions are not achieving the target levels of CIP. The Medical Division also continues to experience high agency costs in the Emergency and General Medicine directorates.

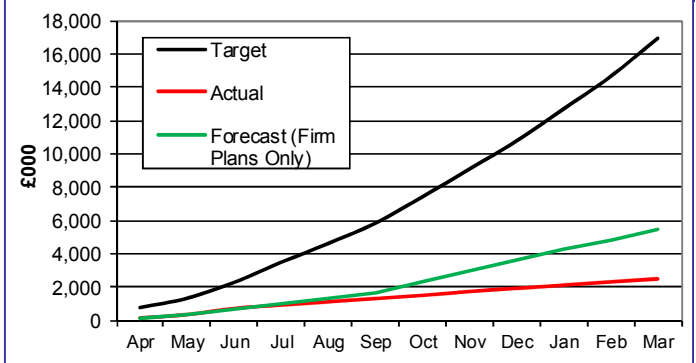
Divisional Monthly Variance



CIP Delivery

CIPs of £361k were delivered in July bringing the total to £2.8m against the annual target of £16.9m. The year to date impact of these savings is £942k against a target of £3,472k. The Project Management Team continue to review all plans and ideas with the appropriate staff. Their focus is on the timely implementation and delivery of agreed plans and on generation of new ideas.

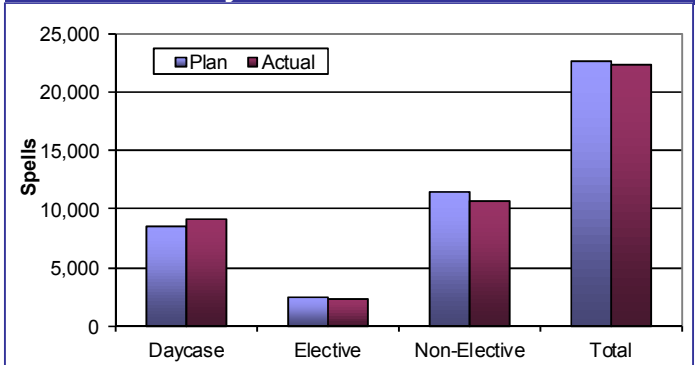
CIP 2012/13



Performance Against SLAs

Total Elective activity was 509 spells above the plan at the end of July. The over performance was entirely within Daycase activity. The areas ahead of plan include Dermatology, Gastroenterology and Urology. Non-Elective activity was behind plan by 740 spells as at the end of July. The main areas under performing on activity are General Medicine, General Surgery and Obstetrics.

Contract Activity Performance

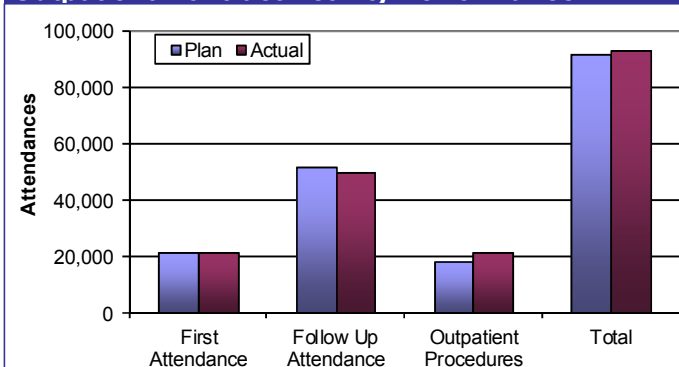


FINANCIAL OVERVIEW - 31st July 2012 (Month 4)

Outpatient Performance

Total Outpatient activity is 1,228 attendances ahead of the plan as at the end of July. The over performance relates predominantly to Outpatient Procedures. The number of Outpatient Procedures continues to increase year on year as this section of the National Tariff expands to reflect current working practices, with less procedures being performed in operating theatres.

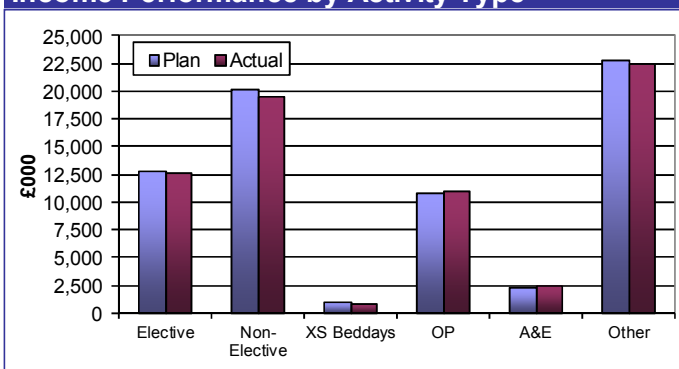
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is behind the cumulative plan by £963k. This underperformance is mainly within non PbR and relates to lower than planned SCBU activity and PbR excluded drugs. The under performance on non elective income is mainly within General Surgery, Cardiology, Trauma & Orthopaedics and Obstetrics. This is mainly driven by lower activity levels but the case mix is also lower than planned within Cardiology and T&O.

Income Performance by Activity Type



Statutory Financial Targets

The Trust is planning to deliver a year-end surplus of £1m as it has in previous years in order to repay the current loans to the Department of Health. The BPPC continues to be behind plan due to the tight cash position although it is hoped that it will improve as we move through the year. Other financial duties are currently forecast to be achieved.

2012/13 Performance Against Targets

Duty	Target	M04	Forecast
Breakeven Duty	To achieve a breakeven I&E	£67k surplus	£1,000k surplus
Capital Absorption Rate	To achieve a rate of 3.5%	3.50%	3.50%
Better Payment Practice Code	95% of payments within 30 days by volume & value	●	●
External Financing Limit (EFL)	To achieve the EFL	●	●
Capital Resource Limit (CRL)	To remain within the CRL	●	●

Summary Financial Position July 2012 (Month 4)

(adverse) / favourable variance

Previous Net Variance			Annual Budget			In Month					Cumulative			
£000	%		£000	EST	WTE	Var	Budget £000	Actual £000	Variance £000	%	Budget £000	Actual £000	Variance £000	%
Income														
(690)	(1.3%)	NHS Clinical Income				208,551	17,890	17,617	(272)	(1.5%)	70,176	69,214	(963)	(1.4%)
89	5.2%	Other NHS Income (R&D, training etc)				6,424	518	525	7	1.4%	2,226	2,321	96	4.3%
36	7.1%	Non NHS Clinical Income (PP's, RTA)				2,067	172	149	(23)	(13.6%)	689	702	13	1.9%
(26)	(1.1%)	Operating Income				9,327	816	821	5	0.6%	3,248	3,227	(21)	(0.6%)
(591)	(1.0%)	Total Income				226,369	19,397	19,113	(284)	(1.5%)	76,339	75,464	(875)	(1.1%)
Expenditure														
(56)	(0.5%)	Family & Support Services	797	756	41	(47,445)	(4,053)	(4,049)	4	0.1%	(16,112)	(16,164)	(52)	(0.3%)
(444)	(2.9%)	Medical	988	939	49	(58,092)	(5,038)	(5,283)	(245)	(4.9%)	(20,386)	(21,075)	(689)	(3.4%)
(305)	(2.2%)	Surgical	877	840	36	(51,938)	(4,501)	(4,633)	(132)	(2.9%)	(18,094)	(18,531)	(437)	(2.4%)
(805)	(2.0%)	Sub Total	2,662	2,535	126	(157,476)	(13,591)	(13,965)	(373)	(2.7%)	(54,592)	(55,770)	(1,178)	(2.2%)
Corporate Directorates														
119	7.0%	Chief Executive	19	16	4	(6,615)	(635)	(598)	37	5.8%	(2,339)	(2,183)	155	6.6%
(132)	(2.6%)	Estates and Facilities	198	207	(10)	(20,063)	(1,730)	(1,918)	(188)	(10.9%)	(6,869)	(7,189)	(320)	(4.7%)
32	1.4%	Finance	212	208	4	(8,386)	(654)	(749)	(95)	(14.5%)	(2,866)	(2,929)	(63)	(2.2%)
95	10.0%	Human Resources	71	65	7	(3,596)	(318)	(342)	(23)	(7.3%)	(1,271)	(1,199)	72	5.7%
3	5.3%	Medical Director	7	6	1	(257)	(21)	(20)	2	7.4%	(86)	(81)	5	5.8%
52	11.7%	Nurse Director	34	27	7	(1,743)	(148)	(110)	38	25.4%	(591)	(502)	89	15.1%
1,154	92.0%	Reserves	0	0	0	(12,589)	(1,041)	(33)	1,008	96.8%	(2,295)	(133)	2,162	94.2%
(100)	100.0%	Cost Improvements	0	0	0	2,000	200	0	(200)	0.0%	300	0	(300)	100.0%
455	0.9%	Total Expenditure	3,218	3,080	139	(209,519)	(18,005)	(17,805)	199	1.1%	(70,873)	(70,218)	655	0.9%
(136)	(3.3%)	EBITDA				16,850	1,392	1,307	(85)	(6.1%)	5,467	5,247	(220)	(4.0%)
		EBITDA %				7.4%	7.2%	6.8%			7.2%	7.0%		
10	0.6%	Depreciation				(6,356)	(530)	(518)	12	2.2%	(2,119)	(2,097)	22	1.0%
5	71.6%	Interest receivable				30	3	2	(1)	(34.4%)	10	15	5	45.1%
52	3.1%	Interest payable				(6,725)	(560)	(554)	7	1.2%	(2,242)	(2,183)	59	2.6%
14	2.3%	PDC Dividend				(2,456)	(205)	(200)	5	2.3%	(819)	(800)	19	2.3%
(54)	(27.4%)	Net surplus / (deficit)				1,343	100	34	(66)	(66.0%)	298	181	(116)	(39.1%)
(0)	(0.3%)	IFRIC 12 / Dual Accounting				(343)	(29)	(28)	1	3.4%	(114)	(114)	0	0.3%
(54)	(48.5%)	Revised Net surplus / (deficit)				1,000	71	10	(61)	(86.3%)	183	67	(116)	(63.2%)

Statement of Financial Position July 2012 (Month 4)

Statement of Financial Position	Closing 31 March 2012	As at 31 July 2012	Movement in Year to Date	As at 30 June 2012	Movement in Current Period	Budgeted Closing Balance (31 March 2013)
	£000	£000	£000	£000	£000	£000
NON-CURRENT ASSETS:						
Property, Plant and Equipment	130,872	132,453	1,581	131,679	774	136,303
Intangible Assets	442	357	(85)	357	0	534
Investment Property	0	0	0	0	0	0
Other Financial Assets	0	0	0	0	0	0
Trade and Other Receivables	3,887	2,410	(1,477)	2,374	36	2,750
TOTAL NON-CURRENT ASSETS	135,201	135,220	19	134,410	810	139,587
CURRENT ASSETS:						
Inventories	3,332	3,606	274	3,455	151	3,300
Trade and Other Receivables	7,957	12,165	4,208	7,526	4,639	9,500
Other Financial Assets	0	0	0	0	0	0
Other Assets	0	0	0	0	0	0
Cash and cash equivalents	497	4,259	3,762	5,259	(1,000)	505
CURRENT ASSETS	11,786	20,030	8,244	16,240	3,790	13,887
Non-Current Assets Held for Sale	0	0	0	0	0	0
TOTAL CURRENT ASSETS	11,786	20,030	8,244	16,240	3,790	13,305
TOTAL ASSETS	146,987	155,250	8,263	150,650	4,600	152,892
CURRENT LIABILITIES:						
NHS Trade Payables	(2,393)	(6,660)	(4,267)	(2,411)	(4,249)	(3,049)
Non-NHS Trade Revenue Payables	(6,451)	(6,972)	(521)	(5,512)	(1,460)	(6,535)
Non-NHS Trade Capital Payables	(1,128)	(855)	273	(400)	(455)	(758)
Other Liabilities	(9,364)	(12,583)	(3,219)	(14,060)	1,477	(9,170)
DH Working Capital Loan Principal Repayments	(856)	(856)	0	(856)	0	(856)
DH Capital Loan Principal Repayments	0	0	0	0	0	0
Borrowings	(2,267)	(2,003)	264	(2,003)	0	(2,259)
Provisions for Liabilities and Charges	(471)	(1,331)	(860)	(1,348)	17	(194)
TOTAL CURRENT LIABILITIES	(22,930)	(31,260)	(8,330)	(26,590)	(4,670)	(22,821)
NET CURRENT ASSETS/(LIABILITIES)	(11,144)	(11,230)	(86)	(10,350)	(880)	(9,516)
TOTAL ASSETS LESS CURRENT LIABILITIES	124,057	123,990	(67)	124,060	(70)	130,071
NON-CURRENT LIABILITIES						
Borrowings	(52,830)	(52,596)	234	(52,626)	30	(51,837)
DH Working Capital Loan Principal Repayments	(7,706)	(7,706)	0	(7,706)	0	(7,278)
Provisions for Liabilities and Charges	(3,510)	(3,580)	(70)	(3,657)	77	(3,711)
Other Liabilities	0	0	0	0	0	0
TOTAL NON- CURRENT LIABILITIES	(64,046)	(63,882)	164	(63,989)	107	(62,826)
TOTAL ASSETS EMPLOYED	60,011	60,108	97	60,071	37	67,245
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	58,018	58,018	0	58,018	0	76,268
Retained Earnings	(9,232)	(9,699)	(467)	(9,736)	37	(16,806)
Revaluation Reserve	11,225	11,789	564	11,789	0	7,783
TOTAL TAXPAYERS EQUITY	60,011	60,108	97	60,071	37	67,245
Cash in OPG accounts	493	4,254	3,761	5,254	(1,000)	500

SECTION 5

RECOMMENDATION

RECOMMENDATION

The Trust Board is asked to note the content of the report.

Corinne Siddall

DIRECTOR OF OPERATIONS

Alistair Mulvey

DIRECTOR OF FINANCE

Damian Gallagher

DIRECTOR OF HUMAN RESOURCES

Chris Platton

ACTING DIRECTOR OF NURSING

APPENDIX 1

PERFORMANCE DASHBOARD

In summary the dashboard provides: -

- A profile of performance in each month of the current year, up to and including, the latest data available.
- All data items are shown using a monthly profile with the exception of a small number of indicators which use a quarterly profile.
- The criteria for traffic lighting (trajectory position) is used to assess performance for the current data period. Grey shading for the latest month indicates that data is not yet available for that period, at the time of the production of the report.
- The letters “nad” in a grey shaded box means that there was “no applicable data (nad)” for that particular period/month.
- The “Year to Date” column is also traffic lighted for those indicators where performance has to be achieved across the whole of the year.

APPENDIX 2

QUALITY DASHBOARD

In summary the dashboard provides: -

- A profile of performance in each month of the current year, up to and including, the latest data available.
- All data items are shown using a monthly profile with the exception of a small number of indicators which use a quarterly profile.
- The criteria for traffic lighting (trajectory position) is used to assess performance for the current data period. Grey shading for the latest month indicates that data is not yet available for that period, at the time of the production of the report.
- The letters “nad” in a grey shaded box means that there was “no applicable data (nad)” for that particular period/month.
- The “Year to Date” column is also traffic lighted for those indicators where performance has to be achieved across the whole of the year.